

PART B - ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advanced orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

| | | | |
|---|--|---|--|
| 1. CORRESPONDENCE ADDRESS | | 2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change) | |
|  BROWDY AND NEIMARK XXXXXX XXXXXXXXXX 125 SEVENTH STREET, N.W. 5156162 SUITE 300 WASHINGTON, D.C. 20004 | | INVENTOR'S NAME Street Address City, State and ZIP Code CO-INVENTOR'S NAME Street Address City, State and ZIP Code | |
| <input type="checkbox"/> Check if additional changes are on reverse side | | | |

| SERIES CODE/SERIAL NO. | FILING DATE | TOTAL CLAIMS | EXAMINER AND GROUP ART UNIT | DATE MAILED |
|------------------------|-------------|--------------|-----------------------------|--------------|
| 97/323,665 | 04/24/90 | 010 | WANG, G | 184 09/06/91 |

First Named
Applicant
REHOV, VENKAT R.

TITLE OF
INVENTION
FSH

| ATTY'S DOCKET NO. | CLASS-SUBCLASS | BATCH NO. | APPLN. TYPE | SMALL ENTITY | FEES DUE | DATE DUE |
|-------------------|----------------|-----------|-------------|--------------|-----------|----------|
| LGHETLRODYN | 435-069.400 | 676 | UTILITY | NO | \$1050.00 | 12/06/91 |

3. Further correspondence to be mailed to the following:

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Browdy and Neimark
2 _____
3 _____

DO NOT USE THIS SPACE
02-4035 110 142 \$1050.00
02-4035 110 501 15.00

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

GENZYME CORPORATION

(2) ADDRESS: (City & State or Country)

Cambridge, Massachusetts

(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION

Delaware

A. This application is NOT assigned.

Assignment previously submitted to the Patent and Trademark Office.

Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

6a. The following fees are enclosed:

Issue Fee Advanced Order - # of Copies _____

6b. The following fees should be charged to: (Minimum of 10)
DEPOSIT ACCOUNT NUMBER 02-4035

(Enclose Part C) Issue Fee Advanced Order - # of Copies 10

Any Deficiencies in Enclosed Fees (Minimum of 10)

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature of party in interest of record)

John T. Hawley (Date) 12/15/91

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE
Commissioner of Patents and Trademarks
Washington, D.C. 20231

on _____
(Date)

(Name of person making deposit)

(Signature)

(Date)

Note: If this certificate of mailing is used, it can only be used to transmit the Issue Fee. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawings, must have its own certificate of mailing.

This form is estimated to take 20 minutes to complete. Time will vary depending upon the needs of the individual applicant. Any comments on the amount of time you require to complete this form should be sent to the Office of Management and Organization, Patent and Trademark Office, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

This form is provided in lieu of a formal Committal and should be used for transmitting the Issue Fee. Sections 1A through 4 must be completed as appropriate.

INVENTOR(S) ADDRESS CHANGE | SC/SERIAL NO.

INVENTOR'S NAME

Street Address

City, State and Zip Code

CO-INVENTOR'S NAME

Street Address

City, State and Zip Code

 Check if additional changes are on reverse side.

MAILING INSTRUCTIONS

All further correspondence including the Issue Fee Receipt, the Patent, and advanced orders will be mailed to the addressee entered in section 1 on PTOL-85c, unless you direct otherwise by specifying the appropriate name and address in 1A below.

2A. The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified below.

(Signature of party in interest of record)

(Date)

Note: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

| | SC/SERIAL NO. | FILING DATE | TOTAL CLAIMS | EXAMINER AND GROUP ART UNIT | DATE MAILED |
|-----------------------------|---------------|-------------|--------------|-----------------------------|-------------|
| First Named Applicant | 09-323-665 | | | | 9-6-91 |

TITLE OF
INVENTION

| | ATTY'S DOCKET NO. | CLASS-SUBCLASS | BATCH NO. | APPLN. TYPE | SMALL ENTITY | FEES DUE | DATE DUE |
|--|-------------------|----------------|-----------|-------------|--------------|----------|----------|
| | | 435-69.4 | | | | 1050 - | 12-6-91 |

1A. Further correspondence to be mailed to the following:

2B. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1

2

3

D 110 1024035 11195 911205 ^{DO NOT USE THIS SPACE} 142 1050.00
 D 110 1024035 11195 911205 501 1500

3. ASSIGNMENT DATA (print or type)

A. (1) This application is NOT assigned.
 (2) Assignment previously submitted to the Patent and Trademark Office.
 (3) Assignment submitted herewith.

B. For Printing On The Patent: (Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data below is only appropriate when an assignment has been previously submitted to the PTO or is submitted herewith. Completion of this form is NOT a substitute for filing of an assignment as required by 37 C.F.R. 1.334).

(1) NAME OF ASSIGNEE:
Genzyme Corporation(2) ADDRESS: (City & State or Country)
15 Kneeland Street(3) STATE OF INCORPORATION, IF
ASSIGNEE IS A CORPORATION:
Boston MA 02111

4.

The following fees are enclose:

 Issue fee Advanced order Assignment recordingThe following fees should be charged to
deposit acc. no.(PTOL-85c or additional copy of
PTOL-85b must be enclosed) Issue fee
 Advanced order
 Assignment recordingNumber of advanced order copies requested. *10*
(must be for 10 or more copies)

TRANSMIT THIS FORM WITH FEE